

Entry Screening & Temperature Assessment Offline Form

This form is to be used to document the outcomes of the COVID-19 Temperature & Entry Screening & Assessment process. When you have finished filling out this form, please email a copy to tempchecks@auspost.com.au and securely destroy all other copies of this form.

Please ensure you have documented the employee's consent to capture any medical information on this form.

Assessor Details:

Given Name(s):	Work Email:
Surname:	Contact Number:
Name of site assessment took place:	Date & time of assessment:

Employee details

Given Name(s):	APS:
Surname:	Job Title:
Shift Details: <i>Provide the details of the shift this test was taken for. include shift name and start/end time if available.</i>	

Assessment Details:

Did the employee agree to the assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No, employee refused to be assessed	
If the employee refused to be assessed, please provide any additional information if available:		
Did the employee answer the screening questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the employee answered the entry questions, please select their response to the COVID-19 symptoms questions: <ul style="list-style-type: none"> <input type="checkbox"/> Fever <input type="checkbox"/> Fatigue <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough <input type="checkbox"/> None of the above <input type="checkbox"/> Refused to answer
First Temperature Result:	Second Temperature Result:	Third Temperature Result:
Did you or the tester observe the employee displaying additional symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If additional Symptoms were observed, please select them: <ul style="list-style-type: none"> <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other <input type="checkbox"/> No symptoms observed
Please add any additional information related to the observed symptoms if needed:		

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Assessment Details (cont.)

During the assessment, did the employee indicate any of the following risk factors?	<input type="checkbox"/> Travelled outside of Australia in the last 14 days <input type="checkbox"/> Fever in last 24 hours <input type="checkbox"/> Shortness of breath in the past 24 hours <input type="checkbox"/> Flu like symptoms (chills, cough, runny nose, sore throat) in the past 24 hours <input type="checkbox"/> Close contact with a probable or confirmed case of COVID-19 <input type="checkbox"/> None of the above <input type="checkbox"/> Refused to answer
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Please provide any additional information related to your assessment if not already captured:

Actions taken

Was the person well enough to return home safely to contact their doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was transport arranged for person to travel directly to doctor or hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the employee's manager contacted & Informed of the assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please provide any additional information regarding the actions taken, or comments from this assessment.

Please verbally confirm with the employee the following:

We have checked your temperature and obtained this information to help decrease

Have you verbally confirmed with the employee the following statement: "We have checked your temperature and obtained this information to help decrease the risk of COVID-19 entering the facility. This information will only be used to assist in any actions that may need to be taken related to this purpose."

Yes